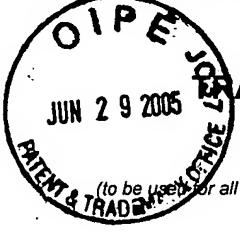
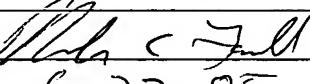


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|---|---|---|--|-------------------------------------|---|---------------------------------------|---|---|--|-----------------------------------|---|--------------------------------------|---|--|--|--|--|--|---|---|--|--|--|--|---|--|---|--|--|--|--|--|--|--|--|
|  TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | | Application Number 10/067,518 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date 2/4/2002 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor Stephen Russell Falcon | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Number of Pages in This Submission | | Attorney Docket Number MS1-1007US | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td><input checked="" type="checkbox"/> Fee Transmittal Form</td> <td><input type="checkbox"/> Drawing(s)</td> <td><input type="checkbox"/> After Allowance Communication to Group</td> </tr> <tr> <td><input type="checkbox"/> Fee Attached</td> <td><input type="checkbox"/> Licensing-related Papers</td> <td><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences</td> </tr> <tr> <td><input type="checkbox"/> Amendment / Reply</td> <td><input type="checkbox"/> Petition</td> <td><input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>)</td> </tr> <tr> <td><input type="checkbox"/> After Final</td> <td><input type="checkbox"/> Petition to Convert to a Provisional Application</td> <td><input type="checkbox"/> Proprietary Information</td> </tr> <tr> <td><input type="checkbox"/> Affidavits/declaration(s)</td> <td><input type="checkbox"/> Power of Attorney, Revocation</td> <td><input type="checkbox"/> Status Letter</td> </tr> <tr> <td><input type="checkbox"/> Extension of Time Request</td> <td><input type="checkbox"/> Change of Correspondence Address</td> <td><input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): Return Receipt Post Card; PTO Form 1449; (8) references</td> </tr> <tr> <td><input type="checkbox"/> Express Abandonment Request</td> <td><input type="checkbox"/> Terminal Disclaimer</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Information Disclosure Statement</td> <td><input type="checkbox"/> Request for Refund</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certified Copy of Priority Documents</td> <td><input type="checkbox"/> CD, Number of CD(s)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts/ Incomplete Application</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td> <td></td> <td></td> </tr> </table> | | | <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group | <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) | <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter | <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): Return Receipt Post Card; PTO Form 1449; (8) references | <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | | <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | | <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CD(s) | | <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | | <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Amendment / Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (<i>please identify below</i>): Return Receipt Post Card; PTO Form 1449; (8) references | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CD(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Remarks 22801 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|---|---|
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
| Firm or Individual Name | Mark C. Farrell/Reg. No. 45988 |
| Signature |  |
| Date | 6-27-05 |

| | | | |
|---|---|------|---------|
| CERTIFICATE OF TRANSMISSION/MAILING | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | |
| Typed or printed name | Laurie Morgan | | |
| Signature |  | Date | 6/27/05 |

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Effective 02/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 10/067,518 |
| Filing Date | 2/4/2002 |
| First Named Inventor | Stephen Russell Falcon |
| Examiner Name | |
| Art Unit | |
| Attorney Docket No. | MS1 1007US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

| | |
|-----------------|---------------------|
| <u>Fee (\$)</u> | <u>Small Entity</u> |
| 50 | 25 |

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| | | | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 20 or HP = | x 50 = | | | | |

HP = highest number of total claims paid for, if greater than 20

| | | | | | |
|----------------------|---------------------|-----------------|----------------------|--|--|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | |
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| - 3 or HP = | x 200 = | |
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HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

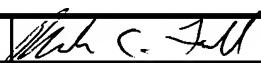
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|--|----------------------|
| _____ | - 100 = | / 50 = | (round up to a whole number) x _____ = | _____ |

Fees Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

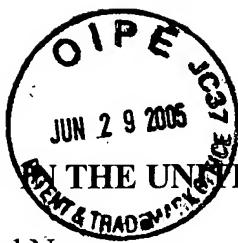
Other: _____

SUBMITTED BY

| | | | |
|-------------------|---|--|--------------------------|
| Signature |  | Registration No. 45988 (Attorney/Agent) | Telephone (509) 324-9256 |
| Name (Print/Type) | Mark C. Farrell | | Date 6-27-05 |

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1 THE UNITED STATES PATENT AND TRADEMARK OFFICE

2 Serial No. 10/067,518
3 Filing Date 2/4/2002
4 Confirmation No. 7196
5 Inventorship Stephen Russell Falcon
6 Applicant Microsoft Corporation
Group Art Unit
Examiner
7 Attorney's Docket No. MS1-1007US
Title: Speech Controls for Use with a Speech System

8 **INFORMATION DISCLOSURE STATEMENT**

9 *References -- See Attached Form PTO-1449*

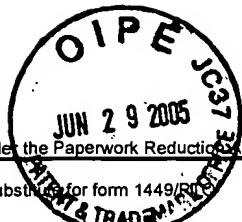
10 **REMARKS**

11 The citations listed, copies attached, are submitted in compliance with the
12 duty of disclosure defined in 37 CFR §1.56. The Examiner is requested to make
13 these citations of official record in this application.

14
15 Respectfully Submitted,

16 Date: 6-27-05

17 By: 
18 Mark C. Farrell
Reg. No. 45988



PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 2

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| | | |
|------------------------|----------------------|--------|
| Application Number | 10/067,518 | |
| Filing Date | 2/4/2002 | |
| First Named Inventor | Stephen Russell Falc | |
| Art Unit | | |
| Examiner Name | | |
| Attorney Docket Number | MS1 | 1007US |

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 2

of 2

Attorney Docket Number

Complete if Known

Application Number 10/067 518

Filing Date 2/4/2002

First Named Inventor Stephen Russell Falc

Art Unit

Examiner Name _____

1007US

NON PATENT LITERATURE DOCUMENTS

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
|-----------------------|--|--------------------|--|

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1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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